100			00000
1 88 1	state	PLACE OF DEATH	STATE OF MARYLAND
1		I mee trois	(82-d) / CERTIFICATE OF DEATH
	IPATION IS	County	9,19
	ONO	NA CALL	Registered No.
	AT	Village or City (No.	Ward) [If death occurred in
20	CIAN		a hospital or institution, give its NAME Instead
ō	SIC	Mis tomaly the	of street and number.]
RECORD	PHY.	FULL NAMEVOVO	>000000 000000 V(
	F 0	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E N	718	SEX A 4 COLORON RACE 5 SINGLE.	16 DATE OF DEATH
(T)	EXACTLY.	MAPRIED. VIV.	194 2
7	EX	wisower, or brivances of Wilder the word)	(Month) (Day) (Year)
DIN	63	6 DATE OF BIRTH	Jan, 291, 1932 to Jan, 21 - 1932
7 4	Exac	Dec 17 1868	1900
E 4	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Month) (Day) (Year)	that last saw har allve on any 302, 1932
S	d li	⁷ AGE If LESS than	and that death occurred on the date stated above, at
T S	clas	6 2 1 day,hrs.	The CAUSE OF DEATH * was as follows:
OH	la y	yrs. mos. 7. ds. ORmin.?	renoval , slower
	De De	(a) Trade, profession, or	
O X	A of	particular kind of work	
E Z	be be	(b) General nature of industry, business, or establishment in	0
NG N	ppli	which employed (or employer)	(Duration) yrs. mos. ds.
DIN	may ate.	BIRTHPLACE	(Secondary)
FA	at It	(State or country) Mash unflowed C.	(Duration) yrs mos 4 ds.
a Z	tha	10 NAME OF	0 - 1
7 T	9 00	FATHER John facof Towler	(Signed) M. D.
五五	ck. b	O 11 BIRTHPLACE	Jan 51, 1932 (Address elat Placeaut III
≥ ≥	erm ba	Z OSFATHER (State or country) Mc.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
40:	sho n te	12 MAIDEN NAME	CAUSES, State (1) Means of Injury; and (2) whether Acciden-
ΣZ	piair	of MOTHER Elizabeth Sweeners	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
· IA		13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
_ 14	E [1	OF MOTHER (State or country) Mcl.	of death yrs mos ds. State yrs mos ds.
M M	AF	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
E	Soo	(lotormant) Mr. Peter Isuth	Former or
(13)	Item E OF tant.	(IDIOT Wallt)	usual residence
0	ery Iter USE o	(Address) 30 Shandy fiele aug	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
		16 popular yt met	over Hell med Feb- 2- 182.
Z	WO E	Fleet an 3/ 1832 Grace Llout	20 UNDERTAKER ADDRESS
202		Depuly REGISTRAR	Wall chambers 6 1400 chape. t
A	Z	if more blanks are needed, address State Registrar, 6 E	
			Wash. & C

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary Arcman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

BUREAU

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name orlgin; "Can-"Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should state Exact statement of OCCUPA-RECORD. Every item of inforstated EXACTLY. PHYSICIANS WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be MARGIN RESERVED PLAINLY, -WRITE

V. S. No. 1

1. PLACE OF DEATH	ANTEAND		030
County June George		Registration Dist. No. 2	15
Village or City Systemed	(16	No. Jacsed Heart House St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where death occurr		28 ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Mers arm	a astruke		
(a) Residence: No.	al place of abode	St., Ward. Alexandrica If nonresident give city or town as	7/a nd State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	E, MARRIED, WIDOWED. VORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 2
5a. If married, widowed, or divorced HUSBANO of	STATE OF THE PROPERTY OF THE P	(within) (Day)	(1eal)
HUSBANO of (or) WIFE of		22. HEREBY CERTIFY That I attende	d deceased from
	DH.	fan 1929, 10 fan 5	1902
S. DATE OF BIRTH (month, day, and year)	8 1 1		death is said
7. AGE Years Months Da	ys If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
60	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER.		Cardio vascular monal	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK etc.	K	desease	1920
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		Generalized	
10. Date deceased last worked at this occupation (month and	Total time (years) spant in this	arteras reblevides	
year)	occupation	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town)	Ald		
(State or country)	+16	acute cardiac delatation	1/4/32
13. NAME Plunch 2006 14. BIRTHPLACE (city or town).	ergre	Vin	
14. BIRTHPLACE (city or town)		Name of operation	
(State of country)	July 0	What test confirmed diagnosis? Was there as	autopsy?
15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town)	Jehrel	23. If death was due to external causes (VIDLENCE) fill in elso the followi	ing:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?Oate of injury:	, 19
(State or country)	grup	Where did injury occur?	
17. INFORMANT M. Barrie M. (Address) Prote Box 77.	rete Va	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC I	PLACE.
18. BURIAL, CREMINOS, DR REMOVAL Place	Jun 5, 1032	Manner of Injury	
19. UNDERTAKER IV. Warren Pal	angel	24. Was disease or Injury in any way retained to occupation of deceased?	no
(Address) 3619 - 1404 St.		If so, specify Thomas Mothersby	
20. FILEO June 5", 1931 Mrs.	AGA Deven	(Address) 2200 R 9 apg MG Wast	1.26
If more blanks are s	eeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
The second secon)		
Other contributory causes of importance:	M1 1022	Other contributory causes of importance:	
Outstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11 BIRTHPLACE

(Informant)

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

PARENTS

15

ertificate.

PLACE OF DEAT County Pr. 9 Village or City Chelt 2FULL NAME	evrge	(No		use of f
PERSONAL AND	STATISTICAL	PARTICU	LARS	1
3 SEX 4 COLOR		NGLE,	ingle	16 DATE OF
male Colo	zad W	IDOWED. R DIVORCED Vrite the word)	0	***************************************
6 DATE OF BIRTH	36			17 1 1 1
as	(Month)	- 19 (Day)	, 1918 (Year)	that I last say
7 AGE	V			and that deat
/3 yrs.		21 ds.	or min.?	The CAUSE O
(a) Trade, profession or particular kind of work		Imm	ate	acus
(b) General nature of ind business, or establishment which employed or (employed	in	seys	eforma.	
9 BIRTHPLACE (State or country)	Mars	plan	5	Contribute Secondar
1D NAME OF FATHER	aste !	Barn	-ain	(Signed)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Z 40

(If death occurred in a hospital or institu-tion, give its NAME is-stead of street and number.)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Color or RACE SINGLE, Single MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jaw 9, 1932 (Year)
angust 19, 1918 (Month) (Day) (Year)	that I last saw his alive on form 8, 1932,
13 yrs. 4 mos. 21 ds. or min.?	
re of industry blishment in or (employer) Samuel Sam	(Duration) yrs. mos. ds.
Jake Bargain Jake Bargain Educated Co., C	Contributory Secondary (Duration 'yes mos de, (Sighed) William J. J. Down M. D. #State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Resetta allens CE Runtry) TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs o mos. 7 ds. State yrs mos ds. Where was disease contracted, if not at place of death?
John B. Pyles, Sufst. 11- 1952 Julius N. Smith, 11- 1952 Julius N. Smith,	Former or usual residence
If more banks are needed, addre a State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. Ng. 1.

S. No. 1

M

(Approved by U. S. Census and American Public Health Association.)

tired 6 ins). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, State occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Flymen (re-) Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons/enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The As examples: (a) (b) Grocery; material

Statement of Cause of Death—Name, first, the DISTEANS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic Example: Measles (discase affection need not be etc. The contributory valvular heart Nomenclature of the Measles ; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

STATE OF MARYLAND-CERTIFICATE OF DEATH should state of infor-OCCUPA. 1. PLACE OF DEATH County Registration Dist. No item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in gity or town where death occurred How long in U.S. if of foreign birth?__ statement RECORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) narried (Month) (Day) 5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of 6. OATE OF BIRTH (month, day, and year) certificate properly 7. AGE to have occurred on tha date stated above, at. Years Months Deys If LESS than or____min. Date of onset 8. Trade, profession, or particular THIS. kind of work dona, as SPINNER, Jo SAWYER, BOOKKEEPER, atc ... pluods may back Industry or business in which work was done, as SiLK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this L occupation ___. instructions 12. BfRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town plain (Stata or country) carefully What test confirmed diagnosis? _______ Was thara an autopsy?_ MOTHER important. 15. MAIOFN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Oate of injury______ 19 DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE LION Nature of injury related to occupation of deceased? 19. UNOERTAKER (Address) if so, specify (Signad) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECENED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FEB 4 1932	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.	1		
Other contributory causes of importance:	÷	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward) (If death occurred in a hospital or institution, give Its NAME in-stand of street and number.) MEDICAL CERTIFICATE OF DEATH married 16 DATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from that I last saw h ____alive on _____, 192____ and that death occured on the date stated above, at _____ IIf LESS than I day hrs. The CAUSE OF DEATH * was follows: de. or ____min.? (Duration) Contributory Secondary (Duration) *State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the Stateyrsmos of death ... Where was disease contracted, if not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesguged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer. Stationary foreman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Physician, Foreman, (b) For many occupations a single word or term on 20 man, (b) Automobile factory. The materia At Home, and children, not gainfully em-Compositor, Architect, For persons who have no occupation Locomolive engineer (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Lobar EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia" pneumonia. Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinomu, Sarcomu, etc., of (name origin; "Cancer" is less definite; zvoid telanus) may be stated under the head of "contributory" carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchomoumonia (secondary), (secondary or intercurrent) affection need not he Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; diseases unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, Examples: Accidental drowning; Struck by railway train Whooping cough; Chronic Never report mere symptoms or terminal condiresulting from childbirth or miscarriage of cause of dear Nomenclature of the Nomenclature of the Nomenclature of the new further correspondence. A it has obtained before the certificate to etc. valvular heart disease; The contributory Sarcoma,, etc., of

answered in detail, it will data is essential and mus



STATE OF MARYLAND CERTIFICATE OF DEATH

M H	Registration Dist, No. 233
Village or City Meyo (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in-
2 FULL NAME Gauline B/2	Stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
July Color or RACE SINGLE, MARRIED, WIDOWED COR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) , 1931	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
7 AGE If LESS than 1 day hrs.	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Prematice
which employed or (employer) 9 BIRTHPLACE (State or country) MAR Piness (State or country)	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF BURNAND Brooks	(Signed) William Hollow M. D.
OF FATHER Z (State or country)	*State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OLCE Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLAGE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) Server Brown	if not at place of dea.h? Former or usual residence.
(Address) Braudy wine	Dibbons Churchem Jan 10. 1982
15 Filed Jan 10 1326 procest W. Farmer!	20 UN DERTAKER STUDY (Brandwinger) 78

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

f information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-d state CAUSE OF DEATH in plain terms so that it may be properly chastifled. Exact OCCUPATION is very important. See instructions on back of certificate. FOR WITH UNFADING INK--THIS MARGIN RESERVED

RECORD

No. 1 αő CIANS should statement of 0

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmel state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DE gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); feer the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EA. S CAUSING DEATH (the primary affection with respect, Statement of Cause of Death-Name, first, the pis Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death Approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condiinges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephrilis, etc. The contributory "Senile," etc.), "Dropsy, failure," "Haemorrhage, Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the permanently filed. essential and must be obtained before the certificate la

No

PLACE OF DEATH

County rence Learge	92-a CERTIFICATE OF DEATH
ω	Registration Dist. No. 22
Village or City Lescoyu (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Marcha Clevia	Reach stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
G DATE OF BIRTH April 17, 1865	17 I HEREBY CERTIFY, That I attended the deceased from 1903 to Jacy 18, 193
(Month) (Day) (Year)	that I last saw her alive on Jacy 7, 192
7 AGE [If LESS than I dayhrs.	
67 yrs. mos. ds. or min.?	
8 OCCUPATION (a) Trade, profession or Plane particular kind of work	Chrone Endocartelis
(b) General nature of industry	
business, or establishment in House Reefees which employed or (employer)	(Duration) 2 Tyrs. mos. ds.
9 BIRTHPLACE (State or country) Washington JC	Contributory Secondary (Duration)yrsmosds.
10 NAME OF 28	(Signed) M. D.
FATHER Thomas W. Reet ch	192 (Address) Llowy Med
Of FATHER (State or country)	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Marcha Account	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country)	At place in the of deathyrsmos,ds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
	Former or
(Informant) Mayword Wurch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Cerun Jud	Congressional Cemetery 1/20, 138
1022	20 UNDERTAKER ADDRESS
Filed and 192 192 Mars a mitte	P. Affee 733.5.7.4
If more b.anks are needed, addre.s Ltate Negistra	r, 16 W Saratoga St., Balto., Lequesting V. S. No. 1.

STATE OF MARYLAND

OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the (a) Foreman, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,")

> st_ted unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), diseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic affection need not be valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 245

St.: Ward)	(If da hos
	4 1100

eath occurred in

2FULL NAME Walter Eugene B	St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WHOWED. OR. DIVORCED WELL (Write the word)	16 DATE OF DEATH
(Month) (Day)	that I hast saw h alive on 193
7 AGE If LESS than I day	ond that death occurred on the date stated above, at
5 (5 7) yrsmos ds. ormin.?	Couly Cudior delalism
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Bulling 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. 2 ds. Contributory Secondary
10 NAME OF FATHER Shurdes 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) Fillier than Burges (Address Riggs Rd, Incl (Address R	Pormer or usual residence 19 PLACE OF BURIAL OR REMOVAL Paging ton D.C. Feb. 1, 1932 20 UNDERTOKER ADDRESS ADDRESS

statemen

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH; g. gcd in domestic service for wages, as Sorvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Paysician, Compositor, Architect, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the DISL BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetanus) may be stated under the head of "contributory." Recommendations on statement of cause of death "Enhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; or intercurrent) affection need not be Example: Measles (disease "Senile," etc.), "Dropsy," failure," "Haemorrhage," etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Example I	-	Example II	
The principal cause of dea of importance were as foll	ows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FER 3 1934	July5,1927	Peritonitis	3 days ago
	7.5			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton will; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of occases, especially in industrial employments, it is neceser," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househow ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation person, irrespective of not gainfully em-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed orm for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E, haustion," "Heart failure," "Inemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Whooping cough; use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERFERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VICLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as by Committee on or intercurrent) for which surgical operation was underfor malignant neoplasms); Measles; Chronic Example: Measles (disease etc. affection need valvular heart Nomenclature The contributory ", "Convulsions, not be disease;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and al qu stions Allthe

BUREAU

PLACE OF DEALER STATE OF MARYLAND CERT!FICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME instead of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED DE (Write the word) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at .. I day hrs. The CAUSE OF DEATH * was as follows:min.? 8 OCCUPATION (a) Trade, profession or Z Š particular kind of work plai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) DA 10 NAME OF (Signed) 11 BIRTHPLACE OF FATHER RENT *State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) SF 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathmos......ds. State.....yrs.....mos..... (State or Country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL state (Address) 20 UNDERTAR 15 ADDRESS Filed

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

UNFADING

4 5

MARGIN

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (Fee state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servau, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a tion applies to each and every person, irrespective of Foreman, OF For many occupations a yrs). Farm laborer, 1-1without more precise specification as Day Compositor, Architect, Home, and children, For persons (b) Automobile factory. The Laborer-Coal mine, etc. who have no occupation single word or term on Locomotive not gainfully emmateria engineer. Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of approved telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably smade. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trointaken. Recommendations on statement of cause of death "Atrophy;" "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronie etc. affection need not be volvular hearl Nomenclature The contributory Always qualify all Measles; discose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

	PLACE OF DEATH County Pruce George	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.30		
ricate	Village or City alley Park (No	St.: Ward) (If death occurred i a hospital or institution, give its NAME is stead of street an number.)		
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
s on back o	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WISOWES, OR-DIVORCEDO (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from the strength of the		
See Instruction		and that death occurred on the date stated above, at 10,45 Pm The CAUSE OF DEATH * was as follows:		
statement of OCCUPATION is very important.	(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) Filed 15 Filed 17 17 17 18 18 18 19 19 19 19 19 10 11 12 13 14 15 15 16 17 17 17 18 18 18 18 18 18 18	Contributory Secondary (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. d. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Pasches Your Applicable		
	If more blanks are needed address State Registrar	. 16 W. Saratora St., Balto., Requesting V. S. No. 1.		

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census 2nd American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic ccrebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease American Medical Association.) approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic chopneumonia (secondary), etc. valvular heart The contributory not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

permanently filed.

V. S. No. 1

B

PLACE OF DEATH	STATE OF MARYLAND
County Mine Georges	CERTIFICATE OF DEATH
to of .	Registration Dist. No. 239 um Laurel Bed. Ward (If death occurred In
2FULL NAME Trederick Dix	a hospited or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male With Single Single MARRIED, WIDOWED, OR DIVORGED (Write the word)	16 DATE OF DEATH July 6 1, 1923 2 (Month) (Day) (Year)
6 DATE OF BIRTH unobtainable , 1	17 LHEREBY CERTIFY, That I attended the deceased from July 22, 1925 to Jany 6th 1922
(Month) (Day) (Year) 7 AGE If LESS that day hr or min. or min.	and that deeth occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Sailor U.S.N. (Red.) (b) General nature of industry	Carcinoma Of Taver
business, or establishment in Which employed or (employer)	Contributory Secondary (Duration) yrs. mos. ds
10 NAME OF FATHER WAY (NOWN)	(Sigged) I for M. D. M.
OF FATHER Z (State or country) Landon	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) WINKNOWN	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trensients or Recent Residents) At place 2 6 yrs 5 mos. 4 ds. State yrs mos 4 ds
(Informant) I . Aftermy	Where was disease contracted, Laurel Md _ if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wathersten 1932 M. Brushears Registrar	Wash R. C. Jan. 1932 20 UNDERTAKER ADDRESS WASH R. A. L.
	a, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

66767

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon, (b) Groccry; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise coal mine, etc. Womloborer, Form laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons engaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. household only (not paid Housekeepers who receive a For many occupations a single word or term on (b)

Statement of Cause of Death—Name, first, the Discase Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

egecident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, stated unless important. "(Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(clanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Examples: Accidental drowning; Struck by railwoy train-American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "Heart failure," "Haemorrhage, Chronic Example: Measles (disease etc. The contributory volvular heart disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1932

V. S. No. 1

RECORD. Every item of infor-	PHYSICIANS should state	Exact statement of OCCUPA-	
S IS A PERMANENT I	stated EXACTLY.	properly classified. E	certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
VRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very importan

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66708
1. PLACE OF DEATH	92
County Trince Dec.	Registration Dist. No. 23/
Village or City Bladensburg	
Th (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city by town where death occurred of the street of the street occurred of the street occurred of the street occurred of the street occurred oc	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Waved block	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOB OR RACE 5. SINGLE, MARRIED, WIDOWED, OR HELVORCED (write the word)	21. DATE OF DEATH MEANY DI, 1937
5a. If married, widowed, of divoced	(Month) (Day) (Year)
HUSBAND OF Comil Work	22. A HEREBY CERTIFOY, That I attended deceased from
Corona jacon	Jany 26 , 10 2 10 fary 27 , 1932
6. DATE OF BIRTH (month, day, and year)	t tast saw h 21 f. alive on fand 127 1. 1932 death is said
7. AGE Months Days If LESS than 1 day,	to have occurred on the date stated above at 2.1.5.m.
0 1 1 1 1 1 1 1 1 1	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Old age (age unhown)
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	no specific disease
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	artin sclerosis: 5 years' duration.
this occupetion (month end spant in this year)	Ow. 302
A / /	Other Contributory Causes of importance: Hanhours.
12. BIRTHPLACE (city or town) orthor for the formation of the country)	
13. NAME / MRNoww	
14. BIRTHPLACE (city or town)	Name of operation hour Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy ##D
15. MAIDEN NAME / MENAJUR	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME MANAGEMENT 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or counity)	Where did injury occur?
17. INFORMANT DEMMAN MISCHAIL	(Specify city or town, county and State) Specify whether injury occurred in INOUS RY, in HOME, or in PUBLIC PLACE.
(Address) Alexander Marien, Mar. 18. BURIAL, CREMATION, OR REMOVAL	Mas not working for your h fama
Place Blackfarshing Dort Dan 30, 1932	Manner of injury
MIT H MALY 2 10	Nature of injury
19. UNDERTAKER 1 2 your St. W. W.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED Jan 27, 19 32 m. D. Spiels Registrar.	(Signed) (Address) M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis _ A 193?	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroen teritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
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S. No. 1

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1PLACE OF DEATH County 1 89	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.33
Village or City Crand (No	St.: Ward) (If denth occurred in a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED STREED (Write the word)	16 DATE OF DEATH /2 , 193 2 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
(Month) (Day) (Year)	that I last saw him alive on 2 12 132,
7 AGE [If LESS than	and that death occurred on the date stated above, at 3,30 m.m.
8 vrs. 10 mos 2 f ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry funding the Charles, or establishment in which employed or (employer)	Mastrality (Durstion) yrs. mos. de.
9 BIRTHPLACE (State or country)	Secondary A (Duraish) view mos de.
10 NAME OF William Duglas	(Signed Villiam A Thomas M.D.
OF FATHER (State or country) W	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lucy Priston	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country).	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MX KNOWLEDGE	if not at place of dea.h?
(Informant) Harrell Douglas (Address) Orrow and	19 POACE OF BURIAL OR REMOVAL DATE OF BURIAL
E +11C	20 INDERTAKER) ADDRESS A

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-" etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on Form laborer, Luborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEALS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telinus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; approved by Committee on carbolic acid-probably suicide. The nature of the injury, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the not be

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(82-0)
of info	county trince Learges	Registration Dist. No. 242
item of should of OCC	Village or City Kanham Md.	No. St., Ward
× 00 m	Length of residence in city or town where death occurred 44 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME Righard austis	n Downes
	(a) Residence: No. Lambam Md	. St., 70 Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
	Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Grant 30 (Month) (Oay) (Year)
IDIN(MANE) A C T I assified	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22., I HEREBY CERTIFY, That I attended deceased from
BINDIN(PERMANENT EXACTL) iy classified.	Julia J. Nownes	Jany 30. 1922 Ond Just-byformy
BIII BIII E y c	6. DATE OF BIRTH month, day, and year) Oct. 5, 1865	I last saw h alive on , 19 ; death is said
R A F red perlifica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et / 2 - 4 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
FOR B IS A PE stated E properly	3 23 ormin.	were as follows:
**	8. Trade, profession, or particular kind of work done, es SPINNER, 21, 1, Postmaste SAWYER, BOOKKEEPER, etc.	2 Leve record Comproved
RESERVED G INK—THIS AGE should be that it may be one on pack of	9. Industry or business in which work was done, as SILK MILL, U. S. Post Office SAW MILL RANK atc	In de alstion to my beles!
SERV INK-T should t it may	10. Date deceased last worked at	from all marcations of applement
RESH VG INI AGE SI that it	this ocupation (month and year) the spant in this year)	earl when arrived
2. 4	12. BIRTHPLACE City or town Chearch Hill	Other Contributory Canses of Importance:
MARGIN (UNFADI) supplied. n terms, so	(State or country)	
	13. NAME Victord & C. Downes	
Je in Se	14. BIRTHPLACE (city or town) Church Hell (State or country)	Name of operation
E E	1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
9 4	E J. J.	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
ILY VTH Por	16. BIRTHPLACE (city or town) Named on (State or country)	Where did injury occur?
PLAINLY, hould be cal OF DEATH very import	17. INFORMANT M. a. Downs Ann	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
7-7 70	18. BURIAL, CREMATION OR REMOVAL Garcham med	Manner of injury
	Placed hitfield, M.E. Comelogo 7267-19.32	Nature of injury
HOBIT	19. UNDERTAKER Taners Jasch's Soms	24. Was disease or injury in any way select to occupation of deceased?
S. No.	0.00	(Signed) To as selected francisco M. D.
» ż	20. FILED 1 - 31-32, 10 Mrs John W. Howser D. L. Registrar.	(Address) Liva Male Md. md
8x Prior 1	osition: Penna if fore blanks ore needed gaddress State Degistrar,	2912 N. Franks Sifeet, Baltimore, Requesting V. S. No. 1.
V 71	The state of the s	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7 0 007	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUDEAT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	uu ji ji ji
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH County of Services	STATE OF M CERTIFICATE Registration I	OF DEATH
Village or City Breedow (No. 15	Ward)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)		(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I atte	ended the deceased from
(Month) (Day) ,19.3 2 (Year)	that I last saw halive on	
If LESS than I day hrs. hrs.	(Duration) (Signed) *State the Disease Causing Death Violent Causes, state (1) Means of Naccidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospit ients or Recent Residents) At place of death yrs	or, in deaths from ury and (2) Whether als, Institutions, Trans-
(Informant)	if not at place of death? Former or usual residence	
(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Filed Jan. 22'132 Mrs. Januarene	20 UNDERTAKER	ADDRESS
If more blanks are needed, advices So to Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compasitar, Architect, Lacomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an tired 6 yrs). ployed, as At school, or At hame. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, household only (not paid Housekeepers who receive a Hauscmaid, etc. If the occupation has been changed to report specifically the occupations of persons Fareman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Catton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation . (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Labar pneumania, Bronchapneumania ("Pneumonia");

> ". ('Inanition,' ' 'Marasmus,' ' 'Old Age,' ' 'Shock,' ' 'Uraemia,' ' 'Weakness,' etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis af lungs, menatic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chranic interstitial nephritis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping caugh; approved (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drawning; Struck by railway train-American Medical Association.) perilonaeum, etc., Carcinana, Sarcama, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronic valvular heart disease etc. Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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STATE OF MARYLAND—	CERTIFICATE OF DEATH (10712
1. PLACE OF DEATH	(130)
County Prince George	Registration Dist. No. 2 42
Village or City Sealmosk	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Fredica: Farler.	
(a) Residence: No. Seabrook	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marsied Tennale S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan: 23 Month) (Day) (Year)
HUSBAND of Chuqueta Turber	22. I HEREBY CERTIFY, Thet I attended deceased from 18, 1932, to Jonn 23, 1932
5. DATE OF BIRTH (month, way, and year) Meh 15- 1858	I last saw ter alive on Jun 22 ,193 2 death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Nephretus about goings
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
To Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) - Lessang (State or country)	Other Contributors Causes of Importance: Aleast Failure
13. NAME - Magel	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME MOST Skalange	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Jermany (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MIRS a B Baker; (Address) Seabrook med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Stadins Lurg on 2 Date fan 25, 19 32	Manner of Injury
19. UNDERTAKER F. Hasche Gons (Address) Bladunburg 2nd	24. Was disease or injury in any way related to occupation of deceased? WO.
20. FILED 1 - 25, 1932 Mrs. Jan W. Howar.	(Signed) James, H. Tutt M. D. (Address) Glan Dale Mid
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc., For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example		Example II		
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
	1932 \1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis FED	1921	Run over by street car	1 week ago	
Cerebral hemorrhoge BUREAT	J. July 5, 1927	Peritonitis	3 days ago	
801				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	Moy 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	R FURTHER STATEMENTS	BY PHYSICIAN
	No. 15	

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH Senger	Registration Diet No. Z. X. 6
	No. 40 The Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME	ds. How long in U.S. if of foreign birth?yrsds.
(a) Residence: No. 40 V flug (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
1 20/22	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Jawel 1/5	1 last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Itels less prevale has Oata of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (wears)	
O 10. Data deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town).	
13. NAME 12 emand Techands	
13. NAME Plenard Yer hards 14. BIRTHPLACE (city or town) Warlyfus (State or country)	Name of operation
15. MAIDEN NAME Margart Man Cerrin	23. if death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wally (Stata or country)	Accident, suicida, or homicide? Date of injury, 19, Where did Injury occur?
17. INFORMANT Parcy of Zochert (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Pronting Date of 29, 192	Manner of Injury
19. UNDERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 1 20 13/2 / Hayhally U. J. Registrat.	(Signed) Lally M. A. M. D. (Address) Lory and Lub
If more blanks are needed address San Paris.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis FEB 5 1932	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral homorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
San annual property of the san and the san			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	REURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. 3 No. 1

11 1	
PLACE OF DEATH	STATE OF MARYLAND
County Prince George's	© CERTIFICATE OF DEATH
County, Lord of the contract o	CERTIFICATE OF DEATH
THE CONTRACT	Registration Dist. No. 23
Village or City / al oma Park (No. Sligo	Mull Road St.: Ward) (If death occurred line in the spirit or institution, give its NAME in
2 FULL NAME JOHN Loves	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MIDOWED.	Somany 26, 1932
Male white (Write the word) Morrison	(Month)/ (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
ans 8 th 1857,	January 26, 1992. to January 25, 1982
(Month) (Day) (Year)	that I last saw h Malive on Jones \$5, 1932
7 AGE	and that death occurred on the date stated above, at 10 Alm
1, [4] I dayhrs.	The CAUSE OF DEATH * was as follows:
/4 yrs. 2 mos. de. or min.?	Carcinoma of spine tabam
8 OCCUPATION	
(a) I rade, profession or Velived	the state of the s
(b) General nature of industry	
business, or establishment in	(Duration) grs. 6 mos. ds
which employed or (employer)	Contributory Ild agy delulity
9 BIRTHPLACE (State or country)	Secondary
110 NAME OF	(Durgion)nosds
FATHER (4 1 1/2 A	(Signed) M. A. A. M. D.
on 11 BIRTHPLACE	Jon 26 193 1 (Address) / 13 . Carroll N. Jollone
C (State or country)	*State the Disease Causing Death, or, in deaths from
ш	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mancy Distell	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residenta)
OF MOTHER	At place of deathyrsmosds. In the Stateyrsds
(State of Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Mrs John Grovey	usual res.dence
(Address) Sleas Mill Road	Holes Rood Couck Jan 18/32/19
1652 1161	20 UNDERTAKER ADDRESS / 4
15 Filed Jan 26 1932 192 A Speece	Qual A Vaclay Gar Nost M
Registral	many frame and the
If more blanks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga K., Balto., Lequesting V. S. I.o. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci Statement of Occupation-Precise statement of octired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, state occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer, (b) Grocery;

Stratement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted term for the same discrete. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Inal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. (secondar) or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, For violent deaths state means of injuny resulting from childbirth or miscarriage as by Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all questions amovered in detail, it will prevent further correspondence. All the the is essential and must be obtained before the certificate is permanently filed.

FEB

4

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. FIN RECORD WITH UNFADING INK---THIS IS A PERM BINDING FOR MARGIN RESERVED V. S. No. 1.

PLACE OF DEATH County Prince Leonge Village or City Oyou Hill (No. 2 FULL NAME Nannie J. Lynn	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 235 Registration Dist.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL SERTIFICATE OF DEATH
Temale White Server Marked Marked White White Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on
52 yrs. 6 mos. 6 ds. or min. ?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	Mo Parther information cws or. (Duration) yrs. mos. do Contributory Lead suddenly often Secondary walk about Duranon on the contributory of th
10 NAME OF Thomas Marv.	(Signed) Litrage M. Cay noting Correspon [
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
12 MAIDEN NAME Carrie De Toylei.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(Informant) Name Car. Structs	Former or usual residence.
(Address) Bornin Rd. S. E. D. G.	Cedar Ifill Cem. 2/3 - 32
Filed 1/30/ 1932 L.D. Muneau	Homas F. Murrayofon 2007- nichola 2007- Nichola 2007- Nichola 2007- Nichola 2007- B. E.
d divis manus are needed, fiddress prate Registrar.	16 W. Saratoga St., Balte., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook w'. a.ever, write None. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed to report specifically the occ pations of persons enployed, as At school or At home. (are should be taken mork, or Af definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it worked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter (u) Forenian, (b) Automobile factory. tion applies to each and every person, irrespective of fulness of various purguits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term ou without more precise specification as Day who are engaged in the duties of the Home, and children, not For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) gainfully em-The material But in many The ques

Busement of Cause of Death—Name, first, the disease Causine death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic exhibitorial meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Purperal septicaemia." "Purperal peritonitis," "Uraemia," "Weaknes ... etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonasum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular FOR VIOLENT DEATHS State MEANS OF INJURI "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes Struck by railway heart disease; terminal (second-(discase (merely not be

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. 'All the data is essential and must be obtained before the certificate is permanently filed.

	state	STATE OF MARYLAND	CERTIFICATE OF DEATH
		1. PLACE OF DEATH	82-0
12	onld OCC	County Sime Tronges	Registration Dist. No. 245
	shor of O	Village or City & Allane	No. St., War
		(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
	ND. Every YSICIANS statement	2. FULL NAME John Joss	, , , , , , , , , , , , , , , , , , , ,
	SICI ater	(a) Residence: No. Lakeland M	St., Ward.
	5 H	(Usual place of abode)	If nonresident give city or town and State
	RECO. PI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	E X .	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Z	NE:	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased fro
BINDIN	A A A Ses	(or) WIFE of	Jum 8 198/ to Jun 27 198
BIL		6. DATE OF BIRTH (month, day, end year) hov, 10, 1880	Hast/saw h in alive on Jan 32 1982 death is sa
8	ed eerl fica	7. AGE Years Months Days II LESS than	to heve occurred on the date steted above, at 9
FO]	IS A PE stated E properly certificate.	32 1880 2 . /7 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
D]	be so of co	8. Trede, profession, or particular kind of work done, as SPINNER.	1 Cerlos Selmons linevan
NE NE		SAWYER, BOOKKEEPER, etc.	
3R	should it may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED	A T a	1 - 1 Shautin this 1 "	
2	AGE that	1 Mai PA	Other Contributory Causes of Importance:
Z	d. so	12. BIRTHPLACE (city or town) [11]	Central Harmonhey Jond
MARGIN	ITH UNFADING ully supplied. AGI plain terms, so tha See instructions	II 13. NAME COURS COURS	
MA	H U? supplie tel	13. NAME Qury Sins 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Dete of
-	H -= 70	1 (State of County)	What test confirmed diagnosis? Was there an autopsy?##
0	Y, WITH carefully H in pla ortant.	15. MAIDEN NAME Infinon	23. If death was due to external causes (VIOLENCE) fill In also the following:
-	INLY, W be carefu EATH in important.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of lajury, 19
	be 3A7	(State or country)	Where did injury occur? (Specify city or town, county and State)
	PLAINLY, hould be can OF DEATH very import	17, INFORMANT Other older	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	E PLA should OF D	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
1	E H	Place 12 luvisling hebate an 81, 1982	Nature of injury
	WRIT CAUS PION	19. UNDERTAKER & Sale of Some	24. Was diseese or Injury In eny way related to occupation of deceesed?
S. No.		(Address) Agalbulle My	If so, specify
1 00	Z.	20. FILED Trains 1. 19 3 % Mrs Cas. Survey	(Signed) De Comp In M.
A. in.		Dent Registrar.	(Address) Alfund Mal
		15 more blanks are needed, activess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	, voi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the (a) Foreman, ," etc., report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DESE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on diseases resulting from childbirth or miscarriage as ". PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercausing stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary unqualified, is indefinite); Tuberculosis of lungs, mendeath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection and (disease important. Example: Measles (disease Chronic etc. valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF BEATH	91:0	
county Is Seon County	Registration Dist. No. 235	
Village or City Ulitchie M. S. (If	No. Vr. Sees County almo Horgese War death occurred in a hospital or institution, givaits NAME instead of street and number)	rd
Q q	ds. How long In U.S. If of foraign birth?yrsmosd	is.
2. FULL NAME William Han	nullou	
(a) Residence: No. Italian Md.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	_
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	and the same of th
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored. Married.	21. DATE OF DEATH 96 (Month) (Day) (Year)	-
5a. If married, widowad or divorced HUSBAND of (or) WIFE of Oris cilla damillon	22. HEREBY CERTIFY, That I attended deceased fro	om 7
14.4	Hast sew h-1m aliva on Jan 36 1932 : death is sa	i.i.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the data stated above, at 7:00 Pm.	ii u
89 (abbedimately) Idey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trade, profassion, or particular	ware as follows:	et
6 Kind of work done, es SPINNER, Jam Laborer	acute traches ronclutio Dec 13	5/31
9. Industry or businass in which work was done as SILK MILL.		
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata decaasad lest worked at this occupation month end in this scanding the same to the second to the secon		
10. Oata decaasad lest worked at this occupation (month end 1930 spent in this 70 year)	Other Coatributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Other Coarsoutery Causes of Importance.	. ,
(State or country) Mary and.	Toxie my o cardele. Jan 2	/ 31
14. BIRTHPLACE (city or town)	Aypostate meumonia ganz	132
14. BIRTHPLACE (city or town)	Nema of operation Date of	
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19	
C - 1 You can a	Whare did injury occur?(Specify city or town, county and State)	
17. INFORMANT Darah 1+arries (Addrass) 239-10 th S.E.	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	2.
Place Manufant La Date 1 - 27 , 193.2	Nature of injury	
19. UNDERTAKER July 13 1 Stewart	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED /27 1932 Thos D Graffelle	(Signed) Wy til clive M. (Addrass) Le I Cennung Sta O. C.	0.
	1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
ATTETOSCIETOSIS		1915	A tack of epilepsy	1 week ago
Chronic interstitial ne	phritis 1992	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FED TIME	July 5, 1927	Peritonitis	3 days ago
	BUNEAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	-
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

breumstie - is merely pulmonary ordered breutions of cardise defecience or constant positions of state that to previent finite correspondence. 40

of paleant

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-STAIN Should atote CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT RECORD MARGIN RESERVED FOR BINDIN WRITE PLAINLY, WITH UNFADING INK -- THIS IS A PERMA

V. S. No. 1

N. B.

	PHOSE OF DEATH	STATE OF MARYLAND
	CountRuise Reovers	CERTIFICATE OF DEATH
	2	Registration Dist. No. 240
	Village or Che Mausipunil	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
	2FULL NAME COULL TOVO	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DAYE OF DEATH 27 (Month) (Day) - (Year)
	6 DATE OF BIRTH ARRALY 3 , 1879 (Year)	that I last saw h alive on 192 , 192
200000000000000000000000000000000000000	7 AGE If LESS than I day hrs.	AT 10
	occupation (a) Trade, profession or particular kind of work	wound of head)
, ,	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
2	9 BIRTHPLACE (State or country) Cauaday	Secondary H H Selfmaly Common Months of Contributory Common Contributory Common Contributory Common Contributory Contribut
0	10 NAME OF FATHER AMES Mac Ray	(Sopre Oliver 1932 (Address Promogenis)
	OF FATHER State or country) 12 MAIDEN NAME	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	OF MOTHER Caroline Taylor 13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of deathyrsmosds.
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Grbau Harvey (Address) Prandynum. Und	19 PLACE OF BURILL OR REMOVAL DATE OF BURIAL Formal JO 19
310	15 Filed Jan. I 9-1972. Jelling & Smith	20 UN DERTAYER PRISON WALLOW THIS
	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Bato, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil ongineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Plonter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that faet may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a r," etc., For many oeeupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Loborer-Cool mine, etc. Wom-(b) Grocery; titoni

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: *Cerebrosinal* fever (the only definite synonym is "Epidemic cerebrosistics"); *Diphtheria avoid use of "Croup": Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Recommendations on statement of cause of American Medical Association. inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Caneer" is less definite; avoid atic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary), (seeondar; or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely ean be ascertained as the cause. Whooping Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need etc. The valvular Always qualify all heart contributory disease; not be

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FEB 5 1931

WRITE PLAINLY, W

V. S. No. 1

		r, PHYSI- ed. Exact
- SMI	VITH UNFADING INKTHIS IS A PERMALENT RECORD	n should be carefully supplied. ACE should be stated EXACTLY, PHYSI- JSE OF DEATH in plain terms so that it may be property chastified. Exact
BIND	PERM	E shoul
D FOR	A SI SII	ied. AC
MARGIN RESERVED FOR BINDING	NG INKTH	refuily suppil
MARGIN	VITH UNFADI	n should be ca

PLACE OF DEATH	
	STATE OF MARYLAND
County W. W.	CERT!FICATE OF DEATH
Tana	Registration Dist. No. 245
illage or City Lyattarelle Md (No. 176 M	
2FULL NAME James alfred ~	Vard (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mite Single, MARRIED, WIDOWED, OR DIVORGED- (Write the word)	16 DATE OF DEATH 1932 (Month) (Day) (Year)
DATE OF BIRTH Jeb 5 , 1930 (Month) (Day) (Year)	1 HEREBY CERTIFY, Than I attended the deceased from 1932, to 1432, that I last saw has alive on 144, 1932
If LESS than I day	and that death occurred on the date tated above, at 12.36 an. The CAUSE OF DEATH * was as follows:
yrs. / mos. ds. or min.?	
(a) Trade, profession or	Johan Meumonia
b) General nature of industry business, or establishment in	(Duration)yrsmosde.
(b) General nature of industry business, or establishment in which employed or (employer). BIRTHPLACE (State or country)	Contributory Secondary
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Danion) yrs
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Rogly W. Hawkesworth	Contributory Secondary (Dunion) yrs. mos. ds. (Signed) M. D.
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Roger M. Jaw kesworth 11 BIRTHPLACE OF FATHER (State or country) Country 12 State or country 13 State or country 14 State or country 15 State or country 16 State or country 17 State or country 18 State or country 18 State or country 18 State or country 19 State or country 19 State or country 10 State or country 10 State or country 11 State or country 12 State or country 13 State or country 14 State or country 15 State or country 16 State or country 17 State or country 18 State or country 18 State or country 18 State or country 18 State or country 19 State or country	Contributory Secondary (Signed)
b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER COMMOTHER OF MOTHER OTHER OF MOTHER OF MOTHER OTHER OTHER OTHER OTHER OTHER OT	Contributory Secondary (Signed)
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Roger M. Jaw Resworth 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory Secondary (Signed)
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Pager W. Law feasworth 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER (State or Country) 16 MOTHER (State or Country)	Contributory Secondary (Signed)
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (Nate or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE MAN MAN A LANGE AT LETTER OF MY KNOWLEDGE	Contributory Secondary (Signed)
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Poggr W Warv kesworth 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 MOTHER (State or Country) 16 MOTHER (State or Country)	Contributory Secondary (Signed)
(State or country) Distribution 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (SAME OF MOTHER (State OF MOTHER) (State OF MOTHER (State OF MOTHER) (STATE MOTHER) (STA	Contributory Secondary (Signed)

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Servant Companied, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING HEATH household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on without more precise specification as (b) Automobile factory. The material For persons who have no occupation Locomotive engineer, As examples: (a)(b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinul to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

6

data is essential and must be obtained before the certificate is

answered in detail, it will prevent further correspondence.

) data is essential and must be obtained before the cert
permanently filed Dapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably suicide. The niture of the injury, diseases resulting from childbirth or miscarriage as "Puerperal septionomia," "Puerperal peritonitis," etc. "Inanition," "Marasmus," "Old Agc," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for inalignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercun be ascertained as the cause. (secondary or intercurrent) Chronic interstitial nephritis, as fracture of skull, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicertificate is looked over thoroughly and all questions cough; Chronic and consequences (e. g., sepsis, Example: Measles (disease affection need not be etc. The contributory valvular Always qualify all heart

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIARS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. INT RECORD MARGIN RESERVED FOR BINDIN A PERMA WRITE PLAINLY, WITH UNFADING INK--THIS IS N. B.-

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County ruce Heorges	GERTIFICATE OF DEATH
1	α . α	Registration Dist. No. 240
	Village or die Maudywans	St: Ward) (If death occurred in a hospital or institu-
	2FULL NAME HEORIAS JEFFERS	on Low lington stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h, alive on Off 15 , 1937
	7 AGE fLESS than	and that death occurred on the date stated above, at 1m.
	77 yrs. 3 mos. / ds. or min.?	The CAUSE OF DEATH * was a follows:
1	(a) Trade, profession or Cabout 73v3	
1	(b) General nature of industry	8704
7	business, or establishment in which employed or (employer)	artirio Schangi A
	9 BIRTHPLACE (State or country)	Secondary Mutral Algurgitation (Duration)
	FATHER Hamas L. Hawkus	(Spined) John & Belver & M. D.
)	M 11 BIRTHPLACE	Jan 16. 1932 (Address Vaudyway
	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER UNKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER OF MOTHER	At place In the of deathyrsmosds.
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	Where was disease contracted, if not at place of death?
	2 2/0/	Formar or usual residence
	(Informant) Trances Humans	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) mandynne. Und	TB. In 19. Jan. 18. 1932
	Filed Jaco. 16. 1937, Julius N. Smith Low Registrar	Solm. Stewart 30-472
	If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (76) or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oeetc., Foreman, 6 yrs). For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. (a) the kind of work and also (b) the (b) Grocery,

Statement of Cause of Death—Name, first, the Discase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

carbolic acid—probably suicide. The nature of the injury, approved by Committee on Nomenclature American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. "Exhaustion," Recommendations on statement of cause of (secondary or intercurrent) affection need Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic etc. The contributory valvular heart Always qualify all "Haemorrhage, not be disease;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

1. PLACE OF DEATH	2	210-m
County rence	lenge	Registration Dist. No. 2.30
Village or City Desco Length of rasidence in city or town where	4	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Otta L. (a) Residence: No. Qua	Johnson lostan (Usual place of abode)	St., Ward. Peacogs If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jacey 24. 2
5a. If married, wildowed, or divorced HUSBAND of Cor) WIFE of Lee John	usor	22. HEREBY CERTIFY, that I ettended daceasad from faceasal from 1932 to faceasal from 1932
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 44 7	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 4/5 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or perticular kind of work dona, as SPINNER, be SAWYER, BOOKKEEPER, etc	11. Totel time (years)	Anderson man Resorger
this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	spont in this occupation eenla Va	Other Contributory Causes of Impertance: Searthers of Phases & Remorrhage
13. NAME Jacob Ty. 14. BIRTHPLACE (city or town). (State or country)	ny er Va	Neme of operetion Date of What test confirmed diagnosis? Was there an autopsy?_4.
15. MAIDEN NAME 10. BIRTHPLACE (city or town) (Steta or country) 17. INFORMANT 20. July 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	noun	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicida, or homicide?
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL Plece Staustin Va	Date Jun - 26-, 193-2	Manner of Injury
19. UNDERTAKER 7 Sarelis (Address) / Cyatte	Solis nifle mid	24. Wes disease or Injury In any way raleted to occupation of daceased? If so, specify (Signad) G. O., Etterwee M. D.
20. FILED Jan - 25: 19 32	frankissertte Registrar	(Signad) Common Physics Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	-	Example II	
The principal cause of desof importance were as foll Arteriosclerosis	ath and related cause ows: ECEIVI	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	FEB 4 1032	4004	Run over by street car	1 week ago
Cerebral hemorrhage	10.)	July 5,1927	Peritonitis	3 days ago
	ELEPRAD V.	5. 1		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

	66723
PLACE OF DEATH	STATE OF MARYLAND
o Shure Deor Fes	CERTIFICATE OF DEATH
County James 100	Registration Dist. No. 238
Village or Civilory Hell (No. 2FULL NAME Relia Jolius)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3/ , 193 2 (Month) (Day) (Year)
6 DATE OF BIRTH (193/	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	that I last saw 10 alive on 15000000000000000000000000000000000000
yrs. mos. 3 ds. If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
a) Trade, profession or particular kind of work	mucho menuona
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Archive Secondary (Duration) yre mgsds,
TO NAME OF FATHER SON. Ausson	(Signed) of your S M.D.
OF FATHER (State or country)	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER CHUM Johns	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Les Johnson	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL And Of Control of the
15 Filed 3 ch / 132- Ly 7 Trueman Registrar	Leo. Johnson Father anavotis
If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The questo report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Solesman. without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile foctory. The material Laborer--Coal minc, etc. Wom-Locomotive engineer, not gainfully em-6 Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); *Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, *Bronchopneumonia ("Pneumonia,"

> American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease etc. valvular heart The contributory Always qualify all Measles; not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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state occupation at beginning of illness. If retired from to report specifically the occ pations of persons definite salary), may be entered a Housewije, House en at home, who are engaged in the duties of the additional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus: Farmer or given up on account of the piseise causing pentil Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. (are should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, e.c. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material rhould be used only when needed. As examples: (a) nature of the business or industry, and therefore an eary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor. Architect, Lecomotive engineer, the first line will be sufficient. e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthpinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Statement of Occupation - Precise statement of oc-For many occupations a single word or term on : (.8.1): without more procise specification For persons who have no occupation

Assection of Cause of Death—Name, first, the histars causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epicette excepted spiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

gueuces (e. g., sepsis, tetanus) may be stated under the symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely use of "Tumor" for malignant neoplasms); Mcasles; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Acoldental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Pueneeral sopticaemia,""Pueneeral peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Whooping eough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURI "contributory." (Recommendations on state-"Debility" ("Congenital," "Senile," etc.), Example: Measles Always qualify all The contributory "Coma." (disease "Con-

this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1932

4

PLACE OF DEATH STATE OF MARYL CERTIFICATE OF DEA Registration Dist. No. stated EXACTLY properly classified certificate. Ward) If death occurred in a hespital or institu-ion, give its NAME instead of street and samber.) propert PERSONAL AND STATIS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX SINGLE, MARRIED, eq on back WIDOWED it may should OR DIVORCED (Write the word) That I attended the deceased from 8 DATE OF BIRTH supplied ACE storms so that it (Month) (Day) (Year) and that death occurred on the date stated above, at . U. 7 AGE If LESS than I day hrs.yrs......mos......ds.lor.....min.? dns Se (a) Trade, profession or plain particular kind of work ESERV important. (b) General nature of industry business, or establishment in n (Duration)yrs......mos..... which employed or (employer)..... Contributory. 9 BIRTHPLACE 04 Secondary (State or country) 0 MARGIN न ध ery 10 NAME OF FATHER 0 JI BIRTHPLACE ENT *State the Disease Causing Death, or, in deaths from ormation te OAUSE UPATION OF FATHER (State or countr Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. C 12 MAIDEN NAME 4 OF MOTHER state 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-· ients, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER 00 of death yrs, mos......da, State, yrs. mos. . . . da. (State or country) shoul Where was disease contracted. OF MY KNOWLEDGE if not at place of death?.. Former or usual residence. stateme 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL d Registrar if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

definite salary). may be entered a Holsowije. laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Fereman," "Manager," "Dealadditional line is provided for the latter tatement; it business, that fact may be indicated that : Farmer (restate occupation at beginning of illness If retired from or given up on account of the DELL A TYL DEATH, gaged in domestic service for wage and and at, Cook ployed, as At school or At home. Core should be taken household only (not paid Housekeepers en at home, who are engaged in the er," etc.. Spinner, (b) Cotton mill; (a) Nalesban. (b) Sincery; should be used only when needed. As example: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments it is neces-Civil engineer, Stationary faremen, etc. But in many Physician, Compositor, Architect, Locomotice the first line will be sufficient, e. g., Farmer or Planter. eupation is very important, so that the relative health whatever, write None. tired 6 yes.). For persons who have no occupation Housemaid, etc. If the occupation are now changed to report specifically the occupations (a) Foreman, (b) Automobile factory. tion applies to each and every person, irrespective of fulness of various parsuits can be known. Statement of Occupation Precise statement of oc For many occupations a single word or 01 At Home, and children, not without more precise specification as a. afully emwho receive a duties of the Traterial The quesengincer, House-Day

Typhoid fever (never report "Typhoid pucunumin" spinal meuingitis"); Diphtheria (avaid on of "Crow fever (the only definite synonym is "Daile are ed term for the same disease. Examples: ("act) to time and causation), using always the EASE CAUSING DEATH (the primary affection Lobar pneumonia, Bronchopneumonia ("Pueumonia Statement of Cause of Death-Name, firs FEB 1132

quences (e. g., sepsis, tetanus) may be stated under the can be ascertained as the cause. Always qualify all "Dropsy." "Exhausticn." "Heart failure." "Haemor-rhage." "Inunition." "Marasmus," "Old Age." "Shock," ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, State cause for which surgical operation was under "Pueurenal septicaemia." "Puenpenal peritonitis," diseases resulting from childbirth or miscarriage as "Urnemia," "Weakness," etc., when a definite discase vulsious." symptomatic), "Atrophy." "Collapse," conditions, such ary), 10 ds. Never report more symptoms or stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" inges. perilonacum, etc., Careinoma. Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) Poisoned by carballe acid-probably suicide. The na Examples: (secondary Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATES STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia "contributory." (Recommendations on state "Debility" or intercurrent) affection need not be Accidental drowning; Struck by railway Revoluer wound of head-homicide; for malignant neoplasms); as "Asthenia." "Anaemia" Chronic valvular heart disease; ("Cougenital," "Seuile," etc.), Example: Meastes failure." "Haemor-The contributory "Coma, Measles; terminal (second-(merely (disease "Conetc.

If this certificate is located over thoroughly and all questions answered in detail, it will prevent further correspondence. In the data is essential and must be obtained before the certificate is permanently filed.

18

N. B.--Every-Nem of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly-dassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING
I UNFADING INK--THIS IS A PERM. ENT RECORD WITH UNFADING INK--THIS WRITE PLAINLY,

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
1	County Frince George	CERTIFICATE OF DEATH
	b b Estalla Hadel	Registration Dist. No. 289
licate.	Village or City Man Jasen (No. 2FULL NAME Stille Ochsland)	St.: Ward) (If death occurred in a hospitul or institu- tion, give its NAME ir- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
200	S SEX 4 COLOR OR RACE 5 SINCLE, MARRIED, WINDOWSED. OR DIVORCED (Water the word)	18 DATE OF DEATH (Month) (Day) (Year)
	B DATE OF BIRTH	I HEREBY CERTIFY. That I attended the deceased from 192 to 7, 192 that I last saw haralive on 200 7, 192 2,
	7 AGE # 9 yrs. 10 mos. 30 ds. or min.?	and that death occurred on the date stated above, at 49 m. The CAUSE OF DEATH * was as follows:
000	B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	(arcinna Line
Tall I	business, or establishment in which employed or (employer)	(Duration) yrs
odini fio	9 BIRTHPLACE (State accountry) Summater Mid. 10 NAME OF FATHER	Contributory Secondary (Duration) yrs
	II BIRTHPLACE OF FATHER (State or country) UM 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) LIMENOWN	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disease contracted,
	(Informant) Raymond & Bieled	if not at place of dea.h? Former or usual residence
	(Address) Grand Miss.	19 PLACE OF BURIAL OR REMOVAL MINE BATE OF BURIAL 20 UNDERTIKER (ADDRESS
7	Filed M. 7 19D L Registrar ? Registrar ? If more blanks are needed, address State Registrar	of Median Maurel Moders, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from laborer, business, that fact may be indicated thus; Farmer (ne or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, tion applies to each and every person, irrespective of Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

5

Examples: Accidental drowning; Struck by railway traincarbolic acid—probably suicide. The nature of the injury, If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by approved by Committee on telanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, ility" ("Congenital," "Senile," etc.), "Dropsy, cough; or intercurrent) affection need not be ass important. Example: Measles (disease Chronic etc. The contributory valvular heart disease, Nomenclature of the

STATE OF MARYL. PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 23 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street mumber.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX WIDOWED / (Month) (Day) may OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the deceased (Month) (Year) and that death occurred on the date stated above, at ... 7 AGE If LESS than I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE (State or country) (Duration) ... 10 NAME OF FATHER OF FATILER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. (State or country œ 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Transients, or Recent Residents) 13 BIRTHPLACE OF MOTHER ..mos. . . da. State.yrs.....mos. (State or country Where was disease contracted, if not at place of death?... Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL CIAI If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto,, Requesting V. S No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furnity (reor given up on account of the DISEASE CAUSING BEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ putions of persons enployed, as At school or At home. (are should be taken defluite salary), may en at home, who are engaged in the duties of the er," etc., without more precise specification Wi atever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mise, etc. Wom-Never return "Laborer," "Forcinan," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Civil engineer, Stationary firemen, etc. But fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of oc applied to each and every person, irrespective of For many occupations a single word or term on OF A Home, and children, not gainfully embe entered as Housewife, Housein many as Day

spinal meningitis"); Diphtheria (avoid use of "Croap"): ed term for the same disease. Examples: Corchrolymal fever (the only definite synonym is "Epidemic to time and causation), using always the same sheept-LL LASE CAUSING DEATH (the primary affection with perpect Statement of Cause of Death-Name, first, the Diss conguro-

Typhoid fever (never report "Typhoid pneum nin") Lobar pnoumonia, Bronchopneumonia ("Pneumonia,"

> ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause "PUERFERAL septicaemia." "PUERFERAL peritonitie," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia." causing death), 29 ds.; Bronchopneumonia Examples: Accidental drowning; "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tunior" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified. is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection used Whooping cough; -accident: Revolver wound of head-FOR VIOLENT DEATHS STATE MEANS OF INJUST "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Chronic valvular heart discase; (Recommendations on state-"Anaemia" Struck by railway "Coma," "Con--homicide; Meastes; (second-(disease (merely not be

ence. All the data is essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond If this certificate is looked over thoroughly and all ques

BUREAU

V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

(Yaar)

Oate of onset

Was there an autopsy?

RESERVED MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BORRAN V. 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u> </u>	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	 ·

S. No. 1

m

PLACE OF DEATH
County Puner Henryes



STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City lepfur maconnowlnd_ 2FULL NAME George W. M. C.	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution to the stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 30, 1932. (Month) (Day) (Year)
6 DATE OF BIRTH Jan 30, 1834 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1982. to fan 30, 1982. that I last saw han alive on fan 29,
8 OCCUPATION (a) Trade, profession or of the late of work of the late of the l	The CAUSE OF DEATH * was as follows:
(b) General nature of industry on R. business, or establishment in which employed or (employer)	(Durstion) yrs, mos_3 ds. Contributory Secondary
(State or country) Mary and (S	(Signed) Reverdy Lasces M.D. Jan 30 132 (Address) La permalter
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 14 CONTROL OF MOTHER 15 BIRTHPLACE	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Bowie Might	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UN DERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired, from should be used only when needed. As examples: (a) or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House er," etc., Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, Or. For many occupations a single word or term on yrs). Farm laborer, Laborer-At Home, and children, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The -Coal mine, etc. Womnot gainfully em-(b) The quesmateria Grocery

Statement of Cause of Death—Name, first, the piscase causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The n-ture of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Chronic interstitial nephritis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. approved by Committee on Nomenclature planus) may be stated under the head of "contributory." Recommendations on statement of cause of FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular heart etc. The contributory affection need Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

BURBAU

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee,"

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance name other important diseases or injuries. Examples:

1	Example I		Example II	
The principal cause of de of importance were as fol	ath and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FEB 4 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory eauses	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	Registrat	ion Dist. No. 2	~ 6
No 3402- 3	6	12	Ward
No. O YO Z-	tion, give its N	AME instead of street ar	nd number)
		?yrs	
shin			
St.,Ward.	If nonresi	dent give city or town	and State
MEDICAL C		TE OF DEATH	
21. DATE OF DEATH		TE OF BEATT	
A. DATE OF BEATH	tun	4	102
	(Month)	(Day)	(Year)
22. // I HEREBY	CERT	The Thirty	
W 1-1	32 -	IFY, That I attend	ed daceased from
	, 19, to	14 . 32	, 19
I last saw h alive on	7	445 ,130	; death Is said
to have occurred on the date state			
The PRINCIPAL CAUSE OF DEAT were as follows:	iH and related	causes of Importance	
	70.	111.	Data of onsat
Sente Fila	itim (7-17-1	
Other Contributory Causes of Impo	ortance:		
Name of operation	~	Dete of	
What test confirmed diagnosis?			
23. If daath was due to external cau			
Accident, suicide, or homicide?		Date of Injury	, 19
Where did injury occur?	/0 '/ '	1.6	
Specify whether injury occurred li	n INDUSTRY, I	y or town, county and S n HOME, or in PUBLIC	PLACE.
Manner of injury			
Natura of injury	~		
24. Was disease or Injury in any w			
If so, specify	hal	les	
(Signed)	-/	1 Tul	M. D.
(Signed) Hary (Address) Let	yan	ny to	
N. O. J. C D. L.	71.0	**	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	eco s 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ETHTAT V.B.	July 5,1927	Peritonitis	3 days ago
	1			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. statement RECORD. (a) Residence: No. O. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) NENT (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of B certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Davs to have occurred on the date steted above, at. I day,____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. June 1.1931 back may plnods Andustry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.... on 10. Date deceased last worked et 11. Total time (years) this occupation (month and that spent in this instructions occupetion __ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain Name of operation (State or country) carefully What test confirmed diagnosis?__ Was there an autopsy? œ important. 15. MAIOEN NAME ij. MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town). Accident, suicide, or homicide?______ Date of injury______ 19_____ (State or country) Where did injury occur?___ (Specify city or town, county and State) plnods Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 0F 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE nation NOIL Nature of injury. 19. UNOERTAKER 24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed)___ If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RORANU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYI A CERTIFICATE OF DEATH Registration Dist. No. Village or City St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and wumber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, WIDOWEDS (Day) (Month) OR DIVORCED (Write the word) CERTIFY. That I attended the deceased that I last saw he alive on (Month) (Day) (Year) 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. teri 99 OCCUPATION (a) Trade, profession or 2 particular kind of work in plair (b) General nature of industry business, or establishment in (Duration)yrs.....mos......de, which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 1922 (Address) ENTS II BIRTHPLACE 山里 ormation ite OAUSE UPATION *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Jeans of Injury: and (2) whether Accidental, Suicidal or Homicidal, OF FATHER (State or country 0 12 MATDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State ients, or Recent Residents) 13 BIRTHPLACE At place . In the OF MOTHER of death yrs. mos. . . da. (State or country) pino Where was disease contracted, if not at place of death?..... ATTE BEST OF MYAKNOWLEDGE usual residence... (Informant) CIANS Statemen AF BURIAL OR REMOVAL DATE OF BURIAL if more blanks are needed, address State Registrar. 18 X. Anatoga St., Balto., Requesting V.



(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages as Servant, Cook, ployed, as At school or At home. (are si buld be taken w: atever, write None. business, that fact may be indicated thus: Farmer (reatate occupation at 'eginning of illness. If retired from or given up on account of the bisease causing prartic Housemaid, etc. If the occupation has been changed to report specifically the occ pations of persons endefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a on at home, laborer, Farm laborer. Laborer-Never return "Laborer." "Foreman," "Manager." "Deal Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As champles: (a) additional line is provided for the latter statement; in nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter worked on may form part of the second statement mary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation- Precise statement of oc Foreman, (b) Automobile factory. For many occupations a single word or term on or At Home, and children, not gainfully emyrs.). without more precise specification as Day who are engaged in the duties of the For persons who have no occupation -Coal mine, etc. Wom-The materia

Exacement of Cause of Death—Name, first, the bismass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Generospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ence.

the certificate is permanently filed.

tions answered in detail, it will prevent further correspond

All the data is essential and must be obtained before

Thead Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the If this certificate is looked over thoroughly and all ques conditions, such as "Asthenia," "Anaemia" ture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For violent duatus state muans of injuri State cause for which surgical operation was under-"PUERPERAL sopticaemia." "PUERPERAL peritonitie," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustiou," "Heart symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. causing death). 29 ds.; Bronchopneumonia stated unless important. Example: Measles (discase (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Meusles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men of "contributory." (Recommendations on state-.. (uame origin; "Cancer" is less definite; avoid "Debility" ("Cougeuital," cough; Accidental drowning; Never report mere symptoms or terminal Chronic valvular heart failure." "Haemor Struck by railway "Senile," etc.) Committee on disease; (second-(mcrely

V. S. No.

	60630
PLACE OF DEATH	STATE OF MARYLAND
County Prices Terres	CERTIFICATE OF DEATH
	(23)
WITHIN COMPONATE LIMITS OF	Registration Dist No. 243
Village or City Hyallanly (No. 2FULL NAME Elai Ross	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Remale Caloud (Write the word)	January 10, 1932
DATE OF BIRTH	(Month) (Day) (Year)
llukurur 1901	1930 192 to Osunoy 10, 1932
(Month) (Day) (Year)	that I last saw hen alive on Megetty , 1932
If LESS than	and that death occurred on the date stated above, at 4/5 Pam.
3 yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (N) Trade, profession or particular kind of work (b) General nature of industry	J. Williams V. M. Dunlons
business, or establishment in which employed or (employer)	(Dura Cobru Tys. 6 mos de.
SERTHPLACE (State or country) Way Court	Contributory Secondary (Duration) via de
FATHER Urllian Ross	(Signed) W. Olien Griffelt, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Jeune Bales	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Many land	At place of death yrs
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?,
(Informant) alice Ross	Former or usual residence
(Address) flyallsulle, Wo	19 PLANT OF BURIAL OR REMOVAL DATE OF BURIAL 19
Filed an 10" 1922 mo Go. Serese	20 UNDERTHER : 1432-4a
If more banks are needed, address Sate Registrar,	18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

loborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Sulesmon. (b) Grocory, (a) Foremon, (b) Automobile fuctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; i cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Nervald, Cook ployed, as Al school, or Al home. Cure should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know Civil engineer, Physician, Compositor, Architect, Locomolive engineer tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed r." etc., report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Furm luborer, Loboras-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation (a) the kind of work and also (b) the

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If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important.

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Struce Trouges	Registration Dist. No. 227
Village or City Mestivoson	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1.1.1	To the long in Co. II of longing billion and a second longing billion and
2. FULL NAME MILINE SUSSIENDE DIA	NTY
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Reside Poloned OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widewed, or divorced HUSBAND-of	
(or) WIFE of Hanes Savrey	22. I HEREBY CERTIFY, That I ettended deceased from
1 M. 15a. 12am	1932, to 1932, to 1932, death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If ESS than	to have occurred on the date/stated above, at 2130 Cm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows? Date of oneet
Nade, profession, or particular, or par	f minum min similar similar
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
year) fund 17-19-1- occupation D. Juli	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Medfinate	
(State or country) Pro- Sea of Con Mick	
14. BIRTH-LACE (city or town) Washington	
14. BIRTHPLACE (city or town) Washington (State or country)	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME TO TOWN THE STREET TO THE STREET TO THE STREET TO TOWN THE STREET TO T	23. If death wes due to externel causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
R/ (State of Country) Character was	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / TUNNY HOURS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Africated Use Detail Det 19, 1932	Nature of injury
1/8,	24. Wes disease or injury in eny way related to occupetion of deceesed?
19. UNDERTAKER (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	If so, specify
1 100 000	(Signed) M. D. M. D.
20. FILED JOHN 19, 1927 MP J. Lawler Registrar.	(Address) Affilell 2011

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYI CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED OR DIVORCED pino (Write the word)(Day) (Month) I HEREBY CERTIFY, That Vattended the deceased from 6 DATE OF BIRTH tha (Month) (Day) 7 AGE If LESS than and that death occurred on the sate stated above, are I day hrs. rms or min.? RESERVED (a) Trade, profession or particular kind of work a (b) General nature of industry d business, or establishment in (Duration) = which employed or (employer) Contributory impo MARGIN 9 BIRTHPLACE Secondary (State or country Duration D III NAME OF OG 0 OF FATHER Causing Death, or in deaths from the Disease Violent Causes, state (1) Means of Injury and uo (2) Whether (State or country) 20 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 00 13 BIRTHPLACE In the At place OF MOTHER of deathyrs.mos.ds. (State or Country 00 Where was disease contracted, of if not at place of death? houle MY KNOWLEDGE THE BEST OF of usual residence. CD Every it C!ANS stateme DATE OF BURIAL 19 PLACE OF BURIAL 20 UNDERTAKER ADDRESS Filed / cu Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid; etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Foreman, or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The not gainfully emmaterial Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinul fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of tetaius) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "PUERPERAL septicuemia," "PUERPERAL perilonitis," etc. ". ('Inanition,' ". 'Marasmus,' ". 'Old Age,' ". 'Shock,' ". 'Uraemia,' ". 'Weakness,' etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Branchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonocum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; 9 9 "Heart failure," "Haemorrhage," Chronic valvular heart discase; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

County Prince classifie PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, Jungle OR DIVORCED (Write the word) instruction (Month) (Day) 7 AGE IIf LESS than I day hrs. RESERVED ds. or min.? 8 OCCUPATION (a) Trade, profession or medic c pla (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE ENT OF FATHER OZ (State or country) 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death 6 yrs.....mos. (State or Country) Where was disesse contracted, if not at place of dea.h?... Every item CIANS sh statement usual residence

PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME is -stead of street and

number.) MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Durstion) vrs. mos. *State the Ibsease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-In the State 30 vr DATE OF BURIAL

If more branks are needed, address Ltate Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as νuy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on 6 For persons who have no occupation Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Ethaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Measles ;

It this certificate is looked over thoroughly and all qu stlons snawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servent, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a sary to know fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia," EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Disto time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia for the same disease. Examples: Cerebrospinal 5

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of tdanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was Chronic interstitial nephritis, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be cough; Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory Measles; under-

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed If this certificate is looked over thoroughly and al questions

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92°a)
county Truce Geo.	Registration Dist. No. 239
Village or City A outre	NoSt., Ward
Length of residence in city or town where death occurred 2 Tyrs. 4 mo	If death occurred in a hospital or institution, give its NAME instead of street and number) s. John How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Paul Levery Slever	us
(a) Residence: No. Saurel/MCC	St., Ward.
(Ue fel place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (runie the word)	21. DATE OF DEATH (Month) 2 (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
anah 1917	1934 to 128 1932
6. DATE OF BIRTH (month, day, and year)	I last saw harman aliva on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Am. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
LT 7 9 30 ormin.	were as follows:
8. Treda, profession, or particular kind of work dona, as SPINNER	Endocardly 1922
kind of work dona, as SPINNER SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. ID. Data deceased last worked at this occupation (month and	-
work was done, as SILK MILL, SAW MILL, BANK, atc.	
ID. Data deceased last worked at II. Total tima (years)	
ID. Data deceased last worked at this occupation (month and yaar)	
dannal	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (A MANUEL	Quiti Cardial
	- Oillanon 1/28/3
13. NAME beeph serens	
13. NAME JOSEPH Slevens 14. BIRTHPLACE (city or town) Thagastown	Name of operation Dete of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?_4a.
15. MAIDEN NAME Settie M. Castle	23. If death wes due to extarnal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hageistown grif	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Seph Sleveus (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, OREMATION OR REMOVAL O	Manner of Injury
Place Ny fell Dame Data Jun 30 19 32	Nature of injury
I foul Halden	1.
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
A 21 The Comments	If so, specify BP / Section 1
20. FILED Jan 3d , 1932 M. Dras Keller	(Signed) Solution M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example CEIVED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis FEB 5 1934	Date of enset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Cerebral hemorrhage		Run over by street car	1 week ago 3 days ago
OCTOTAL NOMOTHAGO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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OR	SA	
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	WITH	
	INLY,	

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH state infor-OCCUPA. 1. PLACE OF DEATH County Ayrus Registration Dist. No. of plnods item Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. If of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred. statement MY 2. FULL NAME Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write the word) (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly Months Days If LESS than to have occurred on the date stated above, at ______m. 7. AGE. Years 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance er____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ may back 11. Total time (years) on O. Date deceased last worked at this occupation (month and so that vear) __ occupation ... instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? _____ Was there en autopsy?____ MOTHER important. 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: H DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT very plnods (Address) OF 18, BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation Nature of injury NOIL 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER ___ If so, specify (Signed) (Address) -. (4 Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	-	Example II	
of importance were as	death and related causes follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FEB 6 1932	July 5,1927	Peritonitis ·	3 days ago
	DERRAU V. S	- 11		
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 66,42
1. PLACE OF DEATH	107-0
County Crince Leorge	Registration Dist. No. 245
Village or City North / Frent work	No. 2 2 3 Sanner St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Jacob Henry Thom	us.,
(a) Residence: No. 223 Banner (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 27 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Mar 1621	1 last saw h Lm alive on 250 2 6 1922 : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Data of onset
NO kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broucho Pneumonia this
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
Mr. 1 : F	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) If asking in (State or country)	Coppanien
13. NAME SIA OF NEW TROOPS	
14. BIRTHPLACE (city or town) N ashing to	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anna Man Litto	23. If death was due to external causes (VIDLENCE) fill in also tha following:
15. MAIDEN NAME anna May Little 16. BIRTHPLACE (city or town) Bulling (State or country)	Accident, suicide, or homicida?
(State or country)	Where did injury occur?
17. INFORMANT. anna May Kellle (Address) 223 Banker of Brent more)	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Wall- Date Jaw 37- , 1937	
19. UNDERTAKER ON 1 (Address)	24. Was diseasa or Injury in any way related to occupation of decaased?
07 22 40	If so, specify (Signed) Canall A. Brook M. D.
20, FILED 1932 POPULA REgistrar.	(Address) /321 - T. D. D. W. Wash Ja
If more blanks are needed, address State Registra	T. 2411 N. Charles Street Baltimore Requesting 7) S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
	14 14 1,1020	dasa venter tus	1 year

ADDITIONAL SPA	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1)
1.	PLACE OF DEATH		(2)	
	County Jn. Sees C	δ.	Registration Dist. No. 249	
	Village or City Jan 90	Ind	NoSt,	_Ward
2.	Length of residence in cits or town where deat		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds
	(a) Residence: No. Ofte / Oce	(Usual place of abode)	· St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SE	1 ale 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye)	ear)
	married, widowed, or divorced HUSBANO of (or) WIFE of Mary V.	iolel-Windson	22. I HEREBY CERTIFY. That I attended deceases	d from
6. DA	TE OF BIRTH (month, day, and year) Ma	4 11th 1863		is said
7. AG	E Years Months	Days If LESS than I day,hrs. ormin.	to have occurred on the dete steted above, et . 5:45 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
	SAWTER, DUUNKEEPER, etc.	armer	A	?)
CCUPAT	9. Industry or business in which work was done, es SILK MILL, W. SAW MILL, BANK, etc.	arm		
00 1	O. Date deceased last worked at this occupetion (month end year)	11. Total time (years) spent in this occupation 52		
12. BI	RTHPLACE (city or town)		Other Contributory Causes of importance:	
	(State or country) Mar	yland.	asule memia. Sa	110
HER 1	3. NAME W M W W	asor	Topic myo cardelis Ja	n.10
See .	4. BIRTHPLACE (city or town) MG (State or country)	ryland.	Name of operation Dete of	
œ ,	5. MAIOEN NAME Tulia	Qualin	What test confirmed diegnosis? Wes there an eulopsy?	
E	6. BIRTHPLACE (city or town) (State or country)	ryland	23. if death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	
17. IN	FORMANT M Enerette (Address) Phi Lenn	Windon	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BI	URIAL, CREMATION, OR REMOVAL		Manner of injury	
-	Place possibile ma-	Oate Jan 21 , 19 32		
19. UI	NOERTAKER F. Gasche S.	ous mis	24. Was disease of injury in any way related to occupation of deceased? No)
9				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
				